

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEES DETERMINATION        |          |        |          |
| O.I.P.E. CLASSIFIER       |          | 59     | 2-12-01  |
| FORMALITY REVIEW          | gm       | 852    | 02-26-01 |
| RESPONSE FORMALITY REVIEW |          |        |          |

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

| Claim | Final | Original | Date    |
|-------|-------|----------|---------|
| 11    | 11    | 5        | 10/7/01 |
| 12    | 12    | 11       | 10/7/01 |
| 13    | 13    | 12       | 10/7/01 |
| 14    | 14    | 13       | 10/7/01 |
| 15    | 15    | 14       | 10/7/01 |
| 16    | 16    | 15       | 10/7/01 |
| 17    | 17    | 16       | 10/7/01 |
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| 19    | 19    | 18       | 10/7/01 |
| 20    | 20    | 19       | 10/7/01 |
| 21    | 21    | 20       | 10/7/01 |
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| 25    | 25    | 24       | 10/7/01 |
| 26    | 26    | 25       | 10/7/01 |
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| 37    | 37    | 36       | 10/7/01 |
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| 39    | 39    | 38       | 10/7/01 |
| 40    | 40    | 39       | 10/7/01 |
| 41    | 41    | 40       | 10/7/01 |
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| 43    | 43    | 42       | 10/7/01 |
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| Claim | Final | Original | Date    |
|-------|-------|----------|---------|
| 51    | 51    | V        | 10/7/01 |
| 52    | 52    | V        | 10/7/01 |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here